



STATE OF UTAH

APPLICATION FOR CONCERN LICENSE OR STATUS CHANGE

AUTOMATIC FIRE SUPPRESSION SYSTEMS

Updated: 8-23-2011

The required fee must accompany this application

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		H#	
<input type="checkbox"/> AFSS Concern for Profit <input type="checkbox"/> Non-Profit Exempt <input type="checkbox"/> Location Change		Types <input type="checkbox"/> H1 <input type="checkbox"/> H2	
<input type="checkbox"/> Hood & Duct Cleaning <input type="checkbox"/> Other:			
Name of Firm:		Email:	
Address of Firm: <small>Physical Address DO NOT use PO Box Number or Rural Route Number</small> City State Zip			
Mailing Address of Firm: City State Zip			
Business Phone #:		Fax #:	
Applicant Doing Business As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Classification Types <small>Check appropriate box(es) below for desired license category</small>			
<input type="checkbox"/>	Class H1	A licensed concern that is engaged in the installation, modification, service, or maintenance of engineered and/or pre-engineered automatic fire suppression systems.	\$300
		<input type="checkbox"/> If currently licensed to service portable fire extinguishers	\$150
<input type="checkbox"/>	Class H2	A licensed concern that is engaged in service and maintenance of automatic suppression systems.	\$300
		<input type="checkbox"/> If currently licensed to service portable fire extinguishers	\$150
<input type="checkbox"/>	Branch Office	<input type="checkbox"/> Class H1 <input type="checkbox"/> Class H2	\$150
<input type="checkbox"/>	Hood & Duct Cleaning	A licensed concern that is engaged in the cleaning and service of kitchen hood and duct systems.	\$300
		<input type="checkbox"/> If currently holding another fire protection license	\$150
		Total Fee Due	

Mail to: UTAH STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UT 84123-2611

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date lic sent		Date lic sent		Date lic sent		Date lic sent		Date lic sent	

This application shall be accompanied by a list of employees, including you, their EE number and types of service performed.				
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Name	HE#	Types	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If additional space is needed, attach a separate sheet

Read the following paragraphs carefully before signing this application

After License “H” number is issued, forward one copy of your service tag, hydrostatic test label, and if applicable, a facsimile of your USDOT hydrostatic mark or symbol.

I affirm that this application contains no misrepresentations or falsifications and the information is true and complete to the best of my knowledge and belief. I also understand and agree, that failure to conduct my business according to the adopted statues and administrative rules of the State of Utah with regard to servicing portable fire extinguishers, will subject myself to the possibility of the loss of my license and/or the possibility of criminal prosecution.

I hereby authorize, agree, consent and allow the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room, or establishment used in servicing, charging, or testing portable fire extinguisher to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

Date _____

Sole Ownership	Print Name _____	Signature _____
Corporation	Authorized Agent – Print Name _____ Title _____	Signature _____
Partnership	Print Name _____	Signature _____
	Print Name _____	Signature _____